

Initial Notification

For additional facility-wide requirements applicable to affected facilities

Regulation 1138 – Section 8

Emission Standards for Halogenated Solvent Cleaning

Submittal Date: This "Initial Notification" must be submitted no later than November 11, 2011 or not later than 120 days after the affected facility's initial startup, whichever is later.

[1] **Name of the facility:** Macro-Bearings Inc.

[2] **Physical location – Street Address:** 219 Duncan Road
City, State, Zip Code : Marshallton DE 19808

Address where any compliance records are kept, if different than the physical location

Street Address: _____

City, State, Zip Code: _____

[3] **Name of Owner or Operator:** Gilbert Stuart

Mailing Address: P.O. Box 1505

City, State, Zip Code: Marshallton DE 19808-1505

[4] **Provide the initial installation date and an estimate of the annual halogenated HAP solvent consumption for each solvent cleaning machine subject to the additional facility-wide requirements applicable to affected facilities.**

Solvent Cleaning machine	Initial installation date	Estimated annual halogenated HAP solvent consumption (Kilograms per year)
CM - 1	12/14/2004	13,000
CM - 2	6/17/1996	200
CM - 3	5/23/1996	100

[5] **Provide a brief description of all solvent cleaning machines subject to the additional facility-wide requirements applicable to affected facilities in the space provided on page 2 of this form.**

[6] **I certify that all the information contained in this notification is true, accurate, and complete.**

Signature: Gilbert Stuart

Date : Nov. 1, 2011

Title/Position: Plant Manager

Telephone No: 302-555-1234

Email Address: GStuart@macrobearings.com

Printed Name: Gilbert Stuart

[7] **The owner or operator must submit this "Initial Notification" form to the following agencies by the submittal date provided above. Remember to keep a copy of this notification.**

Delaware Department of Natural Resources
and Environmental Control
Director of Air Quality
Blue Hen Corporate Center
655 S. Bay Road, Suite 5N
Dover, DE 19901

U. S. Environmental Protection Agency
Director, Air Protection Division
1650 Arch Street
Philadelphia, PA 19103

Initial Notification

For additional facility-wide requirements applicable to affected facilities

Regulation 1138 – Section 8

Emission Standards for Halogenated Solvent Cleaning

Provide a brief description of all solvent cleaning machines subject to the additional facility-wide requirements applicable to affected facilities. The description must include, at minimum, the type of solvent cleaning machine, the solvent/air interface area, and the types of control technologies employed.

CM – 1

- | | |
|------------------------------|---|
| • Type of machine | Batch vapor |
| • Solvent/air interface area | 3 meters inside diameter = 7 square meters |
| • Control technologies | Freeboard chiller, reduced room draft, and freeboard ratio greater than 1.0 |
| • Solvent used | TCE |

CM – 2

- | | |
|------------------------------|---|
| • Type of machine | Batch cold immersion |
| • Solvent/air interface area | 4 ft x 2 ft x 2 ft = 1.5 square meters |
| • Control technologies | Tight fitting cover and freeboard ratio greater than 0.75 |
| • Solvent used | TCE |

CM - 3

- | | |
|------------------------------|---|
| • Type of machine | Batch cold remote reservoir |
| • Solvent/air interface area | 3 ft x 2 ft x 1 ft = 0.56 square meters |
| • Control technologies | Tight fitting cover |
| • Solvent used | TCE |

Initial Statement of Compliance

For additional facility-wide requirements applicable to affected facilities

Regulation 1138 – Section 8

Emission Standards for Halogenated Solvent Cleaning

- Submittal Date:**
- If the affected facility was initially started up on or before May 3, 2010, this "Initial Statement of Compliance" must be submitted no later than November 11, 2011.
 - If the affected facility was initially started up after May 3, 2010, this "Initial Statement of Compliance" must be submitted no later than November 11, 2011 or 13 months after the initial start up, whichever is later.

[1] **Name of the facility:** Macro-Bearings Inc.

[2] **Physical location – Street Address:** 219 Duncan Road

City, State, Zip Code : Marshallton DE 19808

Address where any compliance records are kept, if different than the physical location

Street Address: _____

City, State, Zip Code: _____

[3] **Name of Owner or Operator:** Gilbert Stuart

Mailing Address: P.O. Box 1505

City, State, Zip Code: Marshallton DE 19808-1505

[4] **Provide results of the first facility-wide 12-month rolling total halogenated HAP solvent emissions calculation.**

Initial facility-wide 12-month rolling total halogenated HAP solvent emissions 12,931 Kilograms

[5] **Identify method or methods for determining the halogenated HAP solvent content in the solid waste deleted from the solvent cleaning machines.**

Check appropriate box or boxes below

<input type="checkbox"/>
<input checked="" type="checkbox"/>

Method 25d in Appendix A of 40 CFR Part 60.

Engineering calculations.

If "Engineering calculations" is checked, attach all calculations performed to determine the amount of halogenated HAP solvent removed in the solid waste

[6] **I certify that all the information contained in this notification is true, accurate, and complete.**

Signature: Gilbert Stuart

Date : Nov. 1, 2011

Title/Position: Plant Manager

Telephone No: 302-555-1234

Email Address: GStuart@macrobearings.com

Printed Name: Gilbert Stuart

[7] **The owner or operator must submit this "Initial Notification" form to the following agencies by the submittal date provided above. Remember to keep a copy of this notification.**

Delaware Department of Natural Resources
and Environmental Control
Director of Air Quality
Blue Hen Corporate Center
655 S. Bay Road, Suite 5N
Dover, DE 19901

U. S. Environmental Protection Agency
Director, Air Protection Division
1650 Arch Street
Philadelphia, PA 19103

Annual Solvent Emissions Report

For additional facility-wide requirements applicable to affected facilities

Regulation 1138 – Section 8

Emission Standards for Halogenated Solvent Cleaning

Submittal Date: This “Annual Solvent Emissions report” must be submitted no later than February 1 following the end of the reporting period.

[1] **Name of the facility:** Macro-Bearings Inc.

[2] **Physical location – Street Address:** 219 Duncan Road

City, State, Zip Code : Marshallton DE 19808

Address where any compliance records are kept, if different than the physical location

Street Address: _____

City, State, Zip Code: _____

[3] **Name of Owner or Operator:** Gilbert Stuart

Mailing Address: P.O. Box 1505

City, State, Zip Code: Marshallton DE 19808-1505

[4] **Identify the reporting period covered by this “Annual Solvent Emissions Report”.**

January 1 to December 31, 2011

[5] **Provide average monthly halogenated HAP solvent consumption for the affected facility during the reporting period.**

Average monthly halogenated HAP solvent consumption for the affected facility 13,802 Kilograms/Month

[6] **Provide the facility-wide 12-month rolling total halogenated HAP solvent emission calculated in each month of the reporting period.**

January	NA	kilograms	May	12,931 kilograms	September	14,607 kilograms
February	NA	kilograms	June	12,649 kilograms	October	13,742 kilograms
March	NA	kilograms	July	12,969 kilograms	November	13,588 kilograms
April	NA	kilograms	August	14,079 kilograms	December	13,769 kilograms

[7] **I certify that all the information contained in this notification is true, accurate, and complete.**

Signature: Gilbert Stuart

Date : Jan. 31, 2012

Title/Position: Plant Manager

Telephone No: 302-555-1234

Email Address: GStuart@macrobearings.com

Printed Name: Gilbert Stuart

[8] **The owner or operator must submit this “Initial Notification” form to the following agencies by the submittal date provided above. Remember to keep a copy of this notification.**

Delaware Department of Natural Resources
and Environmental Control

Director of Air Quality
Blue Hen Corporate Center
655 S. Bay Road, Suite 5N
Dover, DE 19901

U. S. Environmental Protection Agency
Director, Air Protection Division
1650 Arch Street
Philadelphia, PA 19103

Annual Report 2011

The following table shows the results of the company's operations for the year ended 31 December 2011.

Statement of Profit or Loss

The following table shows the results of the company's operations for the year ended 31 December 2011.

The following table shows the results of the company's operations for the year ended 31 December 2011.

(1) Revenue from operations

(2) Cost of sales

(3) Gross profit

(4) Other income

(5) Selling and distribution expenses

(6) Administrative expenses

(7) Finance costs

(8) Share of profits of associates

(9) Profit before income tax

(10) Income tax expense

(11) Profit after income tax

(12) Dividends received

(13) Profit for the year

(14) Profit attributable to equity holders of the company

January	12,500	12,500	12,500	12,500
February	12,500	12,500	12,500	12,500
March	12,500	12,500	12,500	12,500
April	12,500	12,500	12,500	12,500

(15) Profit attributable to non-controlling interests

(16) Profit for the year

(17) Profit attributable to equity holders of the company

(18) Profit attributable to non-controlling interests

(19) Profit for the year

(20) Profit attributable to equity holders of the company

(21) Profit attributable to non-controlling interests

(22) Profit for the year

(23) Profit attributable to equity holders of the company

(24) Profit attributable to non-controlling interests

Facility-wide Exceedance Report

For additional facility-wide requirements applicable to affected facilities

Regulation 1138 – Section 8

Emission Standards for Halogenated Solvent Cleaning

Submittal Date: The Facility-wide Exceedance Report must be delivered or postmarked by the 30th day following the end of each calendar half or quarter, as appropriate.

- [1] **Name of the facility:** Macro-Bearings Inc.
- [2] **Physical location – Street Address:** 219 Duncan Road
City, State, Zip Code : Marshallton DE 19808

[3] **Name of Owner or Operator:** Gilbert Stuart

[4] **Identify the reporting period covered by this Facility-wide Exceedance Report.**

Check the appropriate reporting period dates

<u>Calendar Half</u>		<u>Calendar Quarter</u>				
<input type="checkbox"/>	January thru June	<input type="checkbox"/>	January thru March	<input type="checkbox"/>	July thru September	2011
<input checked="" type="checkbox"/>	July thru December	<input type="checkbox"/>	April thru June	<input type="checkbox"/>	October thru December	YEAR

- [5] **During the reporting period identified in Item 4, did any facility-wide 12-month rolling total HAP solvent emission (calculated using equation 8-12) exceed the applicable facility-wide 12-month rolling total HAP solvent emission limit presented in Table 8.7 of Regulation 1138.**

Check appropriate box below

<input type="checkbox"/>	No, there were no exceedances of the applicable facility-wide 12-month rolling total HAP solvent emission limit during the reporting period.
<input checked="" type="checkbox"/>	Yes, there was/were exceedances of the applicable facility-wide 12-month rolling total HAP solvent emission limit during the reporting period.

- [6] **If no exceedances of the applicable facility-wide 12-month rolling total HAP solvent emission limit were reported in Item 5, skip Item 7 and complete Item 8 before submitting this report according with Item 9.**
- [7] **If an exceedance of the applicable facility-wide 12-month rolling total HAP solvent emission limit was reported in Item 5, provide the information on each exceedance on page 2 (back of this page) and complete Item 8 before submitting this report according with Item 9.**
- [8] **I certify that all the statements and information contained in this report are true, accurate, and complete.**

Printed Name: Gilbert Stuart
Title/Position: Plant Manager Telephone No: 302-555-1234
Email Address: GStuart@macrobearings.com
Signature: *Gilbert Stuart* Date: Jan. 25, 2012

- [9] **The owner or operator must submit this "Facility-wide Exceedance Report" form to the following agencies by the submittal date provided above on this form. Remember to keep a copy of this report.**

Delaware Department of Natural Resources
and Environmental Control
Director of Air Quality
Blue Hen Corporate Center
655 S. Bay Road, Suite 5N
Dover, DE 19901

U. S. Environmental Protection Agency
Director, Air Protection Division
1650 Arch Street
Philadelphia, PA 19103

Facility-wide Exceedance Report

For additional facility-wide requirements applicable to affected facilities

Regulation 1138 – Section 8

Emission Standards for Halogenated Solvent Cleaning

Identify each exceedance of the applicable facility-wide 12-month rolling total HAP solvent emission limit during the reporting period and provide a description of the actions taken to comply with 8.10.2.2 of Regulation 1138.

Exceedance 1

Month that applicable facility-wide 12-month rolling total HAP solvent emission limit was exceeded: August 2011

Identify the cause of the exceedance :

Throughput over the prior four months had been unusually high. Following the facility-wide exceedance, we shutdown and inspected the batch vapor degreaser (CM - 1) and found that the secondary chiller tubing was badly fouled. The fouling significantly reduced the cooling efficiency, which contributed to larger than expected solvent losses.

Describe the corrective actions taken :

- While CM – 1 was shutdown, we thoroughly cleaned the secondary chiller tubing to restore cooling efficiency.
- We added the need to perform an inspection of the secondary chiller tubing on the first working day of each month when refilling the vapor degreaser to the standard operating procedures.

Exceedance 2

Month that applicable facility-wide 12-month rolling total HAP solvent emission limit was exceeded: _____

Identify the cause of the exceedance :

Describe the corrective actions taken :

If additional exceedances occurred during the reporting period, provide the above information for those occurrences on a separate page and attach page to this report.

Instruction for use of “Annual Solvent Emissions Report” Form

General

The “Annual Solvent Emissions Report” form may be used by an **affected facility** that operates a halogenated solvent cleaning operation to comply with the annual solvent emissions reporting requirements in 8.10.6 of Section 8.0 of Regulation 1138 (Section 8). The use of this form is optional. However, other means of reporting must contain the information required under 8.10.6.1 through 8.10.6.7 of Section 8.

“**Affected facility**” means, for the purposes of 8.0 of this regulation, all solvent cleaning machines subject to 8.0, except for the following.

- Solvent cleaning machines used in the manufacture or maintenance of aerospace products.
- Solvent cleaning machines used in the manufacture of narrow tubing.
- Continuous web cleaning machines, located at a major source that is subject to the facility-wide limits in 8.10.2.2 of this regulation.
- Cold batch cleaning machines, located at an area source that is subject to the facility-wide limits in 8.10.2.2 of this regulation.

Required Submittal Date

The owner or operator of an **affected facility** that operates a halogenated solvent cleaning operation shall submit an annual solvent emissions report to the Department (with copy to the U.S Environmental Protection Agency) no later than February 1 of the year following the calendar year for which the reporting is being made.

The addresses for this submittal are provided below and in Item 8 of the “Annual Solvent Emissions Report” form.

Items 1

Provide the name of the affected facility that operates a halogenated solvent cleaning operation.

Items 2

Provide the physical location of the affected facility that operates a halogenated solvent cleaning operation and the address where any compliance records are kept, if different than the physical location of the affected facility.

Items 3

Provide the name and address of the owner or operator of the affected facility that operates the halogenated solvent cleaning operation identified in Items 1 and 2.

Item 4

The owner or operator shall identify the reporting period (calendar year) in the space provided.

Item 5

The owner or operator shall provide the average monthly halogenated HAP solvent consumption for the affected facility during the reporting period in kilograms per month results calculated each month under 8.10.3.1 of Section 8.

Instruction for use of "Annual Solvent Emissions Report" Form

(Continued)

Item 6

The owner or operator shall provide the facility-wide 12-month rolling total halogenated HAP solvent emissions results calculated each month during the reporting period under 8.10.3.1 of Section 8.

Item 7

The responsible person, as defined in 3.2 of Regulation 1138, must certify that the statements and information contained in the initial statement of compliance are true, accurate, and complete.

The responsible person must also sign the "Annual Solvent Emissions Report" form and provide the information requested.

Item 8

The owner or operator must submit the completed "Annual Solvent Emissions Report" form to the Department of Natural Resources and Environmental Control (with a copy to the U.S. Environmental Protection Agency) at the addresses provided below and in Item 8 of the form. The owner or operator should keep a copy of the completed form.

Submit the Annual Solvent Emissions Report to the following addresses

Delaware Department of Natural Resources and
Environmental Control
Director of Air Quality
Blue Hen Corporate Center
655 S Bay Road, Suite 5N
Dover, DE 19901

U. S. Environmental Protection Agency
Director, Air Protection Division
1650 Arch Street
Philadelphia, PA 19103

Annual Solvent Emissions Report

For additional facility-wide requirements applicable to affected facilities

Regulation 1138 – Section 8

Emission Standards for Halogenated Solvent Cleaning

Submittal Date: This “Annual Solvent Emissions report” must be submitted no later than February 1 following the end of the reporting period.

[1] **Name of the facility:** _____

[2] **Physical location – Street Address:** _____

City, State, Zip Code : _____

Address where any compliance records are kept, if different than the physical location

Street Address: _____

City, State, Zip Code: _____

[3] **Name of Owner or Operator:** _____

Mailing Address: _____

City, State, Zip Code: _____

[4] **Identify the reporting period covered by this “Annual Solvent Emissions Report”.**

January 1 to December 31, _____

[5] **Provide average monthly halogenated HAP solvent consumption for the affected facility during the reporting period.**

Average monthly halogenated HAP solvent consumption for the affected facility _____ Kilograms/Month

[6] **Provide the facility-wide 12-month rolling total halogenated HAP solvent emission calculated in each month of the reporting period.**

January _____ kilograms	May _____ kilograms	September _____ kilograms
February _____ kilograms	June _____ kilograms	October _____ kilograms
March _____ kilograms	July _____ kilograms	November _____ kilograms
April _____ kilograms	August _____ kilograms	December _____ kilograms

[7] **I certify that all the information contained in this notification is true, accurate, and complete.**

Signature: _____

Date : _____

Title/Position: _____

Telephone No: _____

Email Address: _____

Printed Name: _____

[8] **The owner or operator must submit this “Initial Notification” form to the following agencies by the submittal date provided above. Remember to keep a copy of this notification.**

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and Environmental Control
Director of Air Quality
Blue Hen Corporate Center
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Philadelphia, PA 19103

